



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

**School District Claim for  
State Reimbursement for  
School Bus Transportation**

State ☐  
District ☐  
County ☐

**DUE  
DATES:**

**First Semester**  
**February 1 to County Superintendent**  
**February 15 to State Superintendent**

**Second Semester**  
**May 10 to County Superintendent**  
**May 24 to State Superintendent**

**COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:**

This claim is for the period beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_.  
month day month day

**CERTIFICATION:**

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
<b>39 Powell</b>		<b>0712 Deer Lodge Elem</b>					<b>Elementary</b>	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	1	1	100.2	1.15	54	08/24/05	_____	_____
100	1	2	72	1.36	62	08/24/05	_____	_____
100	1	3	69.6	1.15	53	08/24/05	_____	_____
100	1	4	136	1.57	72	08/24/05	_____	_____
100	1	5	83.6	1.36	60	08/24/05	_____	_____
100	1	6	43.2	1.57	78	08/24/05	_____	_____
100	1	6A	9	0.00	78	08/24/05	_____	_____
100	1	7	8.2	0.95	19	08/24/05	_____	_____



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Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
<b>39 Powell</b>		<b>0713 Powell County H S</b>					<b>High School</b>	
<b>Percentage</b>	<b>District #</b>	<b>Route #</b>	<b>Miles Per Day</b>	<b>Rate Per Mile</b>	<b>Capacity</b>	<b>Inspection</b>	<b>Days Operated</b>	<b>Bus Driver's Social Security #</b>
100	CO	2	95	0.95	47	08/26/05	_____	_____
100	CO	28-C-1-42	108	0.95	48	07/09/05	_____	_____



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County:		District:					District Level:	
<b>39 Powell</b>		<b>0717 Helmville Elem</b>					<b>Elementary</b>	
<b>Percentage</b>	<b>District #</b>	<b>Route #</b>	<b>Miles Per Day</b>	<b>Rate Per Mile</b>	<b>Capacity</b>	<b>Inspection</b>	<b>Days Operated</b>	<b>Bus Driver's Social Security #</b>
100	15	15B	67	0.95	24	None	_____	_____
100	15	15C	48	0.95	24	07/09/05	_____	_____



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State	<input type="checkbox"/>
District	<input type="checkbox"/>
County	<input type="checkbox"/>

DUE DATES:	First Semester	Second Semester
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Date	Signature, Chair, Board of Trustees							
County:	District:						District Level:	
39 Powell	0718 Garrison Elem						Elementary	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	20	1	28	0.95	24	09/13/05		



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<b>39 Powell</b>		<b>0720 Avon Elem</b>					<b>Elementary</b>	
<b>Percentage</b>	<b>District #</b>	<b>Route #</b>	<b>Miles Per Day</b>	<b>Rate Per Mile</b>	<b>Capacity</b>	<b>Inspection</b>	<b>Days Operated</b>	<b>Bus Driver's Social Security #</b>
100	29	1	80.2	0.95	22	08/22/05	_____	_____
100	29	2	64	0.95	30	08/22/05	_____	_____



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<b>39 Powell</b>		<b>0721 Gold Creek Elem</b>					<b>Elementary</b>	
<b>Percentage</b>	<b>District #</b>	<b>Route #</b>	<b>Miles Per Day</b>	<b>Rate Per Mile</b>	<b>Capacity</b>	<b>Inspection</b>	<b>Days Operated</b>	<b>Bus Driver's Social Security #</b>
100	33	1	82	0.95	16	08/26/05		